FEB 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

2964

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. 160

Township St Louis Primary Registration District No. ..... Registered No. 160

City ..... (No. City Hosp # ..... St. ..... Ward)

A 14890

2. FULL NAME Catherine Mauzy

(a) Residence, No. 4662 Page St., ... Ward. 12
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: S
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. Mauzy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 1st 1857

7. AGE: YEARS 78 | MONTHS 5 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hwk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Keokuk Iowa

FATHER

13. NAME: Dont know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

MOTHER

15. MAIDEN NAME: Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

17. INFORMANT (ADDRESS): Hosp Inf City Hosp #

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Petersburg DATE: Jan 6 1935

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc 5966 Easton ave

20. FILED JAN - 6 1936 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/24, 1935, to 1/2, 1936

I last saw her alive on 1/2, 1936. Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Intraventricular Hemorrhage

Date of onset

Other contributory causes of importance: 82 a

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. L. Harris, M. D.

(Address) City Hosp #

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.